		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: _00		(X3) DATE SURVEY COMPLETED:			
390278			B. WING:		07/28/2023				
EAGLEVII	VIDER OR SUPPLIER: LLE HOSPITAL E NUMBER: 051001		STREET ADDRESS, CITY, STATE, ZIP CODE: 100 EAGLEVILLE ROAD EAGLEVILLE, PA 19403						
STATE EICEAS	ENOMBER. VOIVVI								
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII	CLSC PREFIX TAG CORRECTIVE A		PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	CTION SHOULD BE COMPLET				
P 0000	INITIAL COMMENT			P 0000					
P 0380	This report is the result of an on-site full State Licensure survey initiated on July 10, 2023 and completed offsite on July 28, 2023, at Eaglevill Hospital. It was determined that the facility wa in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Hospitals, 28 Pa Code, Part IV Subparts A and B, November 1987, as amended June 1998.		and eville y was not s and t IV, ended	P 0380					
LABORATORY I	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	ATURE		TITLE:	(X6) DATE:			

State Form 6P6D11 IF CONTINUATION SHEET Page 1 of 5

PLAN OF CORRECTION (POC) IDENTIFICAT		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 07/28/2023	
NAME OF PROVIDER OR SUPPLIER: EAGLEVILLE HOSPITAL STATE LICENSE NUMBER: 051001			STREET ADDRESS, CITY, STATE, ZIP CODE: 100 EAGLEVILLE ROAD EAGLEVILLE, PA 19403				
(X4) ID PREFIX TAG	MUST BE PRECEEDE		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE		
P 0380	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEI MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION) Continued from page 1 103.36 (a) PERSONNEL RECORDS 103.36 Personnel records (a) Accurate and complete personnel records shall be maintained for each hospital employe during his term of employment and for two years thereafter. The chief executive officer may designate an individual to carry out this assignment. This REGULATION is not met as evidenced by:			P 0380	Eagleville Hospital uses a me contracted service, Trident Me to provide radiology studies including x-rays and ultrasor. Eagleville Hospital will revise Policy, No. 8200.128 "Agency/Contracted Service Personnel Qualifications" to the appropriate requirements contracted and agency staff a comply with all applicable regulations, conditions of participation, standards for contracted services and ensure the services performed under contract are provided in a safe effective manner. The policy revised and approved by Oct 2023. For direct-care contracted-se staff like Trident Mobilex en Eagleville Hospital's policy or require the employer to prove documentation of each indiventation of each indiventation of each indiventation of each indiventation of each indiventation, and health inform (TB, drug screen). Eagleville	Mobilex, ands. se its s and clarify for and to re that re that re that re that re the and y will be ober 16, arvice apployees, will ide idual's ducation, bund ormation	Completion Date: 10/16/2023 Status: APPROVED Date: 08/28/2023

State Form 6P6D11 IF CONTINUATION SHEET Page 2 of 5

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER. IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED:		
		390278		B. WING: _		07/28/2023	
NAME OF PROVIDER OR SUPPLIER: EAGLEVILLE HOSPITAL STATE LICENSE NUMBER: 051001			STREET ADDRESS, CITY, STATE, ZIP CODE: 100 EAGLEVILLE ROAD EAGLEVILLE, PA 19403				
(X4) ID PREFIX TAG	MUST BE PRECEEDE		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE		
P 0380	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFINITION OF MUST BE PRECEEDED BY FULL REGULATORY OR IDENTIFYING INFORMATION) Continued from page 2			P 0380	Hospital will perform primar validation of licenses, if appliand perform sanction screenic Eagleville Hospital's Human Resources Department will result this information on a bi-annut to assure that Eagleville Hospinformation on all contracted deployed at the facility and the contracted staff have the necessary contra	licable, ing. review ual basis pital has d staff hat the essary es. The es will dit to e Quality d the nce eduled e Director f this sion of of the	

State Form 6P6D11 IF CONTINUATION SHEET Page 3 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 390278			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 07/28/2023				
NAME OF PROVIDER OR SUPPLIER: EAGLEVILLE HOSPITAL STATE LICENSE NUMBER: 051001			STREET ADDRESS, CITY, STATE, ZIP CODE: 100 EAGLEVILLE ROAD EAGLEVILLE, PA 19403						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE		
P 0380			ned that for and in el vealed, he ation of all for e ntract et the spital with n	P 0380					

State Form 6P6D11 IF CONTINUATION SHEET Page 4 of 5

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 390278			(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 B. WING:		(X3) DATE SURVEY COMPLETED: 07/28/2023			
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P 0380	personnel files of the contracted radiology some provided. Further interview with EMI confirmed that contracted staff are utilized for Radiology Services at the facility. An interview conducted on July 10, 2023, an approximately 11:00 AM, with EMP3, contracted staff are utilized for the Radiology Services at the facility. Repeat citation of event ID 14LZ11.		staff. P3 for the the at firmed	P 0380				

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Certified End Page

EAGLEVILLE HOSPITAL

STATE LICENSE NUMBER: 051001 SURVEY EXIT DATE: 07/28/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janine

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY